

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

GINMAR CORPORATE PROMOTIONS, INC.
and GINA CANTAVE,

CASE NUMBER: 08 cv 4109

V.

ASSIGNED JUDGE: DARRAH

CARDINAL HEALTH, INC.

DESIGNATED
MAGISTRATE JUDGE: COX

TO: (Name and address of Defendant)

Cardinal Health, Inc.
c/o Illinois Corporation Service C, Statutory Agent
801 Adlai Stevenson Drive
Springfield, IL 62703

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Steven E. Schwarz, Esq.
The Law Offices of Steven E. Schwarz, Esq.
2461 W. Foster Ave., #1W
Chicago, IL 60625

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

MICHAEL W. DOBBINS, CLERK

(By) DEPUTY CLERK

DATE

Michael W. Dobbins, Clerk

Nadine Shirley

(By) DEPUTY CLERK

August 7, 2008

Date

AO 440 (Rev. 05/00) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>08/11/08</u>	
NAME OF SERVER (PRINT) <u>Steven E. Schwarz</u>	TITLE <u>Attorney</u>	
<i>Check one box below to indicate appropriate method of service</i>		
<p>G Served personally upon the defendant. Place where served: _____</p> <p>_____</p> <p>G Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.</p> <p>Name of person with whom the summons and complaint were left: _____</p> <p>G Returned unexecuted: _____</p> <p>_____</p> <p>_____</p> <p>G Other (specify): <u>Certified mail (see attached green card)</u></p> <p>_____</p> <p>_____</p>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL <u>90.00</u>
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>08/16/08</u> _____</p> <p style="text-align: center;">Date Signature of Server</p> <p style="text-align: center;"><u>2461 W. Foster Ave., #1W</u></p> <p style="text-align: center;"><u>Chicago, IL 60625</u></p> <p style="text-align: center;">Address of Server</p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Cardinal Health, Inc.
c/o Illinois Corporation Service C
801 Adlai Stevenson Drive
Springfield, IL 62703

A. Signature

X

Tom Jarvis

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-11

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

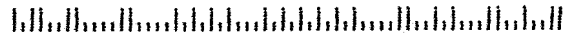
2. Article Number

(Transfer from service label)

7007 2680 0002 2580 2935

- Sender: Please print your name, address, and ZIP+4 in this box •

Steven E. Schwarz, Esq.
The Law Offices of Steven E. Schwarz
2461 W. Foster Ave., #1W
Chicago, IL 60625





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Label/Receipt Number: **7007 2680 0002 2580 2935**

Detailed Results:

- **Delivered, August 11, 2008, 9:28 am, SPRINGFIELD, IL 62703**
- **Arrival at Unit, August 11, 2008, 7:57 am, SPRINGFIELD, IL 62702**
- **Acceptance, August 07, 2008, 5:57 pm, CHICAGO, IL 60618**

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